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K. SALY AUG - 4 2017

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: MAC & MASSEY LLC	MAC & MASSEY LLC					
	Name of Limited Liability Company					
Dear Sir or Madam:	,					
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter	er to the following:					
Michael Mirrione						
Name of Person						
Wolz Corporate USA						
Firm/Company						
36 S. 18th Ave, Suite D						
Address						
Brighton, CO 80601						
City/State and Zip Code						
Compliance @ gouldratner. wo E-mail address: (10 be used for future annual rep	ort notification)					
For further information concerning this matter, please	call:					
Michael Mirrione	303 665.9659					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:						
☑ \$25 Filing Fee	\$55 Filing Fee & Certified Copy					
INHS18 (2/14)						

STATEMENT OF CHANGE OF REGISTERED OFFICE OR BEGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. 1	Name of the limited liability company: NEWSER, LL	С		
2. (a	1395 BRICKELL AVENUE STE 800	,	ъ) 1395 В	RICKELL AVENUE STE 800
`	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ 	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	MIAMI, FL 33131	_	MIAMI,	FL 33131
	08/20/2014		M140000	006082
3.	Date of filing/registration in Florida	4.	1	Document number
5. (a	NRAI SERVICES, INC			
,	Registered Agent and Registered Office shown on the records of the 1200 South Pine Island Road	he Florie	la Dept. of Stat	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>'S)</u>	MINIME SE LANGE
	Plantation , FL	33324	ļ	TIL ST
(b	Universal Registered Agents, Inc.			
(0	Enter name of NEW Registered Agent and/or NEW Registered (Office as	ddress:	
	3458 Lakeshore Drive			PA 4: 50
	NEW Registered Office Address:			-
	Tallahassee, FL_	3231	2	-
the cl agent was/v the ar	limited liability company is not organized under the law range or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the limited liability.	the reg bility c the lir imited	istered office ompany, it is nited liabilit	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany.
$I^{-}I$	ature of a member or authorized/representative of a member			Printed or typed name of signee
I her provi the oi to me notifi	eby accept the appointment as registered agent and agre sions of all statutes relative to the proper and complete p oligations of my position as registered agent as provided reforeflect a change in the registered office address, I had in writing of this change.	e to ac perforn for in ereby c	et in this cap nance of my Chapter 605 confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept i, F.S. Or, if this document is being filed the limited liability company has been
Sign	wite of Registered Agent Michael Mirrore, ALST.	18.		
	was a second of		- 1	

Division of Corporations • P.O. Box 6327 of Tallahassee, FL 32314 FILING FEE: \$25.00